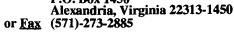
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CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bi	ock 1 for any change of addre	Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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							(Depositor's name)		
						(Signature)			
							(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTO	OR ATTO		RNEY DOCKET NO.	CONFIRMATION NO.		
10/649,873	08/28/2003		Amnon Peled	Amnon Peled			7262		
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	<u> </u>		TOTAL FEE(S) DUE			
nonprovisional	YES	\$755	\$300	- \$₹1/07	7/2009	SMOHAMM1 000001	01/07/2009 13 501407 10649873		
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CFR 1.363). Change of corresp Address form PTO/S "Fee Address" ind	ence address or indicatio condence address (or Cha B/122) attached. lication (or "Fee Address 02 or more recent) attach	(1) the names of up to agents OR, alternate (2) the name of a sing registered attorney or 2 registered patent att	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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Biokine Ther	apeutics Ltd.		Nes Ziona, Is	rael					
Please check the appropr	riate assignee category or	categories (will not be	e printed on the patent):	Individual 🛣 Co	orporati	on or other private gr	oup entity Government		
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	tus (from status indicated								
	as SMALL ENTITY state		b. Applicant is no lo						
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Authorized Signature		Mayon	h	Date Jan	uary	6, 2009			
Typed or printed name	e Martin D. Moy		Registration No. 40,338						
This collection of inform an application. Confiden submitting the complete	nation is required by 37 C tiality is governed by 35 d application form to the	FR 1.311. The inform U.S.C. 122 and 37 C USPTO. Time will v	nation is required to obtain or FR 1.14. This collection is e vary depending upon the indi-	retain a benefit by t stimated to take 12 vidual case. Any co	the publ minutes omment	tic which is to file (and to complete, including on the amount of ti	d by the USPTO to process) ng gathering, preparing, and me you require to complete		

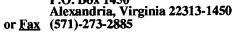
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67801 MARTIN D. M P.O. BOX 16446 ARLINGTON, V	IOYNIHAN d/b/a	PRTSI, INC.	have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
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							(Date)		
APPLICATION NO. FILING DATE		FIRST NAMED INVEN		R ATTORNI		VEY DOCKET NO.	CONFIRMATION NO.		
10/649,873	08/28/2003		Amnon Peled			26732	7262		
TITLE OF INVENTION	: METHODS OF INHIB	SITING CHEMOKINE B	INDING TO CHEMOR	INE RECEPTORS.					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	JE PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$755	\$300	\$0		\$1055	01/07/2009		
EXAM	INER	ART UNIT	CLASS-SUBCLASS						
HISSONG,	BRUCE D	1646	514-013000						
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIC Biokine Thera	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident in in 37 CFR 3.11. Comp ENEE apeutics Ltd. iate assignee category or	nge of Correspondence "Indication form ed. Use of a Customer A TO BE PRINTED ON ' ified below, no assignee oletion of this form is NO	(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent listed, no name will THE PATENT (print or data will appear on that a substitute for filing (B) RESIDENCE: (CINES Ziona, limited on the patent):	ngle firm (having as or agent) and the nanttorneys or agents. If be printed. type) e patent. If an assignan assignment. TY and STATE OR of srael	a member nes of up o no name	to is 3ntified below, the do	ocument has been filed for up entity Government chown above)		
Issue Fee			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.						
	o small entity discount p	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).							
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu	•	b. Applicant is no	onger claiming SMA	LL ENTI	TY status. See 37 CF	FR 1.27(g)(2).		
NOTE: The Issue Fee and	Publication Fee (if requestred Sta	uired) will not be accepted	d from anyone other the	n the applicant; a reg	istered att	orney or agent; or the	e assignee or other party in		
Authorized Signature	Maile	D. Mogn	La .	DateJan	uary 6	, 2009			
Typed or printed name	Martin D. Moy		Registration I	No. 40,	338				
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	iality is governed by 35 application form to the ons for reducing this but irginia 22313-1450. DOI 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the	1.14. This collection is depending upon the ine Chief Information Of COMPLETED FORMS	estimated to take 12 dividual case. Any c ficer, U.S. Patent and TO THIS ADDRES	minutes to omments Tradema S. SEND	o complete, including on the amount of tin rk Office, U.S. Depa TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete rument of Commerce, P.O. or Patents, P.O. Box 1450, number.		